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NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/503506

Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	=	Total
Sm./Lg.				Sm. Entity	Lg. Entity		
Basic Filing Fee	<u>201/101</u>					<u>690.00</u>	<u>690.00</u>
Total Claims >20	<u>203/103</u>	<u>33</u>	-20 =	<u>13</u>	X	<u>18.00</u>	<u>234.00</u>
Independent Claims >3	<u>202/102</u>	<u>4</u>	-3 =	<u>1</u>	X	<u>28.00</u>	<u>78.00</u>
Mult. Dep Claim Present	<u>204/104</u>						
Surcharge	<u>205/105</u>						
English Translation	<u>139</u>						

TOTAL FEE CALCULATION

1392.00

Fees due upon filing the application:

Total Filing Fees Due = \$ 1392.00

Less Filing Fees Submitted \$ _____

BALANCE DUE = \$ 1392.00

D. Thomas
Office of Initial Patent Examination

Figure 7

AT AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

^91503506

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	33	minus 20= * 13
INDEPENDENT CLAIMS	4	minus 3 = * 1
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

TYPE

OTHER THAN
SMALL ENTITY

RATE	FEES	RATE	FEES
	345.00	OR	690.00
X\$ 9=		OR	X\$18= 234.00
X39=		OR	X78= 78.00
+130=		OR	+260= 260.00
TOTAL		OR	TOTAL 1262.00

OTHER THAN

SMALL ENTITY

OTHER THAN
SMALL ENTITY

RATE	ADDI- TIONAL FEE	RATE	ADDI- TIONAL FEE
X\$ 9=		OR	X\$18=
X39=		OR	X78=
+130=		OR	+260=
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
X39=	
+130=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.